

State of Iowa
Department of Education
Alternate Assessment Assurance Form
2008-2009

Date: _____

Teacher's Name: _____
(Please Print)

Student's Name: _____
(Please Print)

Building Administrator or Designee: _____
(Please Print)

One of these three boxes must be checked and the Assurance Form returned to the Iowa Department of Education. If not, the student will be counted as an **exclusion**.

☐

The teacher and I **have had** conversations around this student's performance on the alternate assessment rating scale items and the teacher shared all evidence supporting these ratings.

☐

The student is an **exclusion**. The teacher and I have had conversations about the student's performance, and the performance rated was not reflected in the evidence.

☐

The teacher and I **did not** have a conversation about this student's alternate assessment. Checking this box means the student will be an **exclusion**.

Full Academic Year (FAY) Checklist

To assist with determination of FAY, please check a response for both questions 1 and 2.

1. Has this been the student's first year in the district? ☐ Yes ☐ No

2. Was this student tested in this building last school year (2007-08)? ☐ Yes ☐ No

Signature of Building Administrator or Designee

Title

School District

Phone Number

Comments: The Assurance Form and FAY Checklist must be faxed to Adrienne Ancel at the Department of Education between the dates of April 1 - 15. FAX number is 515 / 242-6019. **The Assurance Form and FAY Checklist will not be accepted before April 1.**